

Idaho EMS Agency Name \_\_\_\_\_ License # \_\_\_\_\_

## Personnel Affiliation - Status Change Form

Provider Name	Provider license #	Address (City, State, Zip)	Add	Career status		Remove	Terminated for Cause or Local Disciplinary Action*
				Volunteer	Career		
				True Compensated	Full Time Part Time		
				True Compensated	Full Time Part Time		
				True Compensated	Full Time Part Time		
				True Compensated	Full Time Part Time		
				True Compensated	Full Time Part Time		
				True Compensated	Full Time Part Time		
				True Compensated	Full Time Part Time		

\* IDAPA 16.01.07.400 authorizes the Idaho Emergency Medical Services (EMS) Bureau to investigate any action, conduct, or failure to act which is inconsistent with the professionalism, and/or standards established by the Rules Governing of EMS. In accordance with this responsibility, please notify the EMS Bureau when a licensed EMS provider is terminated for cause or is the subject of local disciplinary action (LDA). This includes a medical director sanction of a limited scope of practice, restriction or withdrawal of medical director approval to function, per IDAPA 16.02.02.300.02. Disclosure of the circumstances will result in an initial review and may lead to a request for further information and full investigation by the EMS Bureau. LDA must be reported within fifteen (15) days per Idaho Code 39-1393.



Attesting Officer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

